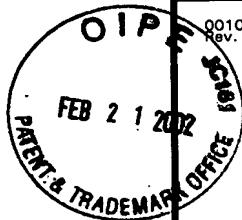


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PTO/SB/01 (6-95)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☐ Declaration
Submitted
with Initial Filing

OR

☒ Declaration
Submitted after
Initial Filing

Attorney Docket Number

960296.97401

First Named Inventor

Peggy J. Farnham

COMPLETE IF KNOWN

Application Number

10/017,410

Filing Date

12/14/2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIVER TUMOR MARKER SEQUENCES

the specification of which

(Title of the Invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY)

12/14/2001

as United States Application Number or PCT International

Application Number

10/017,410

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/255,674	12/14/2000	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMA0320845

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number or label	
OR			

☒ List attorney(s) and/or agent(s) name and registration number below

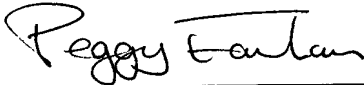
Name	Registration Number	Name	Registration Number
Nicholas J. Seay	27,386	Bennett J. Berson	37,094
Jean C. Baker	35,433	David M. Kettner	45,598
		Zhibin Ren	47,897

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

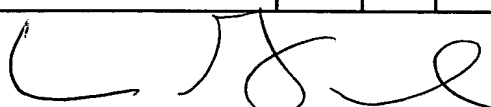
Please direct all correspondence to ☐ Customer Number or label OR ☒ Fill in correspondence address below

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Address	P O Box 2113				
City	Madison	State	WI	Zip	53701-2113
Country	USA	Telephone	(608)251-5000	Fax	(608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor					
Given	Peggy	Middle	J.	Family	Farnham	Suffix			
Inventor's Signature						Date	2/14/02		
Residence:	Madison	State	WI	Country	US	Citizenship	US		
Post Office	2613 Kendall Avenue								
Post Office									
City	Madison	State	WI	Zip	53705	Country	US	Applicant Authority	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor												
Given	Carrie				Middle	R.	Family	Graveel			Suffix						
Inventor's											Date	2/14/02					
Residence:		Madison				State	WI	Country		US		Citizenship	US				
Post Office		109 Dayton Row															
Post Office																	
City	Madison				State	WI	Zip	53703		Country		US		Applicant Authority			
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor												
Given					Middle Initial			Family Name				Suffix					
Inventor's											Date						
Residence:						State			Country				Citizenship				
Post Office																	
Post Office																	
City					State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor												
Given					Middle			Family				Suffix					
Inventor's											Date						
Residence:						State			Country				Citizenship				
Post Office																	
Post Office																	
City					State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor												
Given					Middle			Family				Suffix					
Inventor's											Date						
Residence:						State			Country				Citizenship				
Post Office																	
Post Office																	
City					State			Zip			Country				Applicant Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto																	